

DECLARATION, PETITION AND POWER OF ATTORNEY FOR
PATENT APPLICATION

Attorney Docket No: **56231-327**
(MKS-90)

As the below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names,

We believe we are the original, first and sole inventors (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MASS FLOW RATIO SYSTEM AND METHOD

the specification of which (check only one):

 X is attached hereto.

 was filed as United States Patent Application

Serial No. _____

on _____

and was amended

on _____

(if applicable)

was filed as PCT Patent Application

Serial No. _____

on _____

and was amended under PCT Article 19

on _____

(if applicable)

We hereby state that we have reviewed and understand the contents of the specification, including the claims as amended by any amendment referred to herein.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by us on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119 (YES/NO)

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Signature		Date	
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